



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

STEVEN THORNTON MD
8210 WALNUT HILL LANE SUITE 130
DALLAS TX 75231

Respondent Name

HARTFORD INS CO OF THE MIDWEST

Carrier's Austin Representative Box

Box Number 47

MFDR Tracking Number

M4-11-2686-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We keep getting denials stating no active coverage exists for this insured.

1) They paid other claims. 2) Adjuster sent bill review claims w/email that 'okay to pay bills'. 3) Adjuster and I have sent claims with notes that this patient has coverage & they have denied around 6 times."

Amount in Dispute: \$9733.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Chk # 40006089 sent on 4/14/11 for 3208.72"

Response Submitted by: Specialty Risk Services, 1851 East 1st St., #200, Santa Ana, CA 92705

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|-------------------|------------------------------------|-------------------|------------|
| October 18, 2010 | CPT Code 29888, 29881-51 and L1832 | \$9438.00 | \$0.00 |
| October 28, 2010 | CPT Code 99080-73 | \$15.00 | \$0.00 |
| October 28, 2010 | CPT Code 73560 | \$99.00 | \$0.00 |
| December 28, 2010 | CPT Code 99080-73 | \$15.00 | \$0.00 |
| January 27, 2011 | CPT Code 99213 | \$166.00 | \$0.00 |
| TOTAL | | \$9733.00 | \$0.00 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.204 sets out medical Fee Guidelines for workers' compensation specific services.
4. 28 Texas Administrative Code §129.5, sets out the procedure for filing and billing work status reports.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated April 12, 2011

- W1-Workers Compensation State Fee Schedule Adjustment.
- Modifier-51 reimbursed at 50% of fee schedule allowance.
- Charge exceeds fee schedule allowance.
- Modifier-73 used to identify work status report.

Issues

1. Is the requestor entitled to additional reimbursement for CPT code 29888?
2. Is the requestor entitled to additional reimbursement for CPT code 29881-51?
3. Is the requestor entitled to additional reimbursement for CPT code L1832?
4. Is the requestor entitled to additional reimbursement for CPT code 99080-73?
5. Is the requestor entitled to additional reimbursement for CPT code 73560?
6. Is the requestor entitled to additional reimbursement for CPT code 99213?

Findings

1. Per 28 Texas Administrative Code §134.203(c)(1)(2), "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications.
(1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32.
(2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007."

Review of Box 32 on the CMS-1500 the services were rendered in zip code 75231, which is located in Dallas County.

CPT code 29888 is defined as "Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction."

The MAR for CPT code 29888 in Dallas County is \$1801.24. The respondent paid \$1801.24; therefore, the requestor is due \$0.00.

2. CPT code 29881-51 is defined as "Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed."

The MAR for CPT code 29881-51 in Dallas County is \$579.37. The respondent paid \$579.37; therefore, the requestor is due \$0.00.

3. CPT code L1832 is defined as "Knee orthotic, adjustable knee joints (unicentric or polycentric), positional orthotic, rigid support, prefabricated, includes fitting and adjustment."

Per 28 Texas Administrative Code §134.203 (d) "The MAR for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L shall be determined as follows:

"(1) 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule."

The MAR for CPT code L1832 in Dallas County is \$643.41 (\$514.73 X 125%). The respondent paid \$643.41; therefore, the requestor is due \$0.00.

4. CPT code 99080-73 is defined as "Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form."

28 Texas Administrative Code §129.5(h)(1), CPT code '99080' with modifier '73' shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section. 28 Texas Administrative Code §129.5(d)(2), states, "The doctor shall file the Work Status Report:...when the employee experiences a change in work status or a substantial change in activity restrictions..."

The Provider's billing supports billing CPT code 99080 with modifier 73. The MAR for code 99080-73 is \$15.00. The requestor billed for work status reports on October 28, 2010 and December 28, 2010; therefore, the requestor is allowed \$30.00. The respondent paid \$30.00. As a result, the requestor is due \$0.00.

5. CPT code 73560 is defined as "Radiologic examination, knee; 1 or 2 views."

The MAR for CPT code 73560 in Dallas County is \$42.66. The respondent paid \$43.60; therefore, the requestor is due \$0.00.

6. CPT code 99213 is defined as "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family."

The MAR for CPT code 99213 in Dallas County is \$111.10. The respondent paid \$111.10; therefore, the requestor is due \$0.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

3/6/2012

Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.